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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -3 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/03/02--01035--026 **155.00

DOCUMENT # L96000000923

1. Limited Liability Company's Name
CONTINENTAL HEALTH CARE OF FT. MYERS, L.C.

2. Principal Office Address		3. Mailing Office Address	
4951 TAMIAMI TRAIL No.		4951 TAMIAMI TRAIL No.	
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. SUITE 3	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34103	Country USA	Zip 34103	Country USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8-30-96

6. FEI Number: 65-0740220 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: DAVID C. BOURGEAU

Street Address (P.O. Box Number is Not Acceptable): 2375 TAMIAMI TRAIL No.

Suite, Apt. #, Etc.: SUITE 308

City: NAPLES | State: FL | Zip Code: 34103

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: X [signature] REGISTERED AGENT MUST SIGN

Date: 10/21/02

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANDREA MICHNA	555 SKOKIE BLVD., SUITE 350	NORTHBROOK, IL 60062

REINSTATEMENT 2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 10/24/02 Daytime Phone # 847-291-3700

Typed or printed name of signing Managing Member/Manager